



(An Equal Opportunity Employer)

Junior Docent Application

Please fill out accurately and as completely as possible. Attach the necessary documentation to support this application, including a copy of your current transcript, and any pertaining certificates, 2 letters of reference, and completed essay questions. Incomplete applications will not be accepted.

APPLICANT INFORMATION

Last Name		First Name		M.I.		SS #	-	-
Street Address								
Town/City				State		Zip code		
Home Number			Email					
Mobile Number			Emergency Contact				Phone Number	
Position Applied for			E. Contact Address				Relationship	
Are you at least 14 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever volunteered for us in the past?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Husbandry requirements are 16 years old, are you 16 or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Can you work a minimum of 4 hours a week?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How did you hear about us?					
How many total hours per week are you seeking?			Are you willing to work: <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays <input type="checkbox"/> Holidays <input type="checkbox"/> Evenings					
Please check shift that you are most willing to work: <input type="checkbox"/> 10:00-2:00 <input type="checkbox"/> 1:00-5:00 <input type="checkbox"/> 9:30-4:30 <input type="checkbox"/> Available for all <input type="checkbox"/> Other _____								

EDUCATION

Elementary/Jr. High			Address					
Dates Attended	To		Degree/Certificate:				Special Courses:	
High School			Address					
Dates Attended	To		Degree/Certificate:				Special Courses:	
Other			Address					
Dates Attended	To		Degree/Certificate:				Special Courses:	

SKILLS

Have you had any experience with public speaking? Please explain? _____ _____
Are you fluent in any other languages? _____
Do you have any certifications, class work or other training that will help you in this position? _____ _____
Are you CPR/FIRST aid certified? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPIRATION DATE _____ (While preferred, this is not required of docents)

PREVIOUS EMPLOYMENT & VOLUNTEER EXPERIENCE

1	Company					Phone Number	()	
Address						Supervisor		
Position						Starting Salary		Final Salary
Responsibilities:						Hours per week		
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, why?	
2	Company					Phone Number	()	
Address						Supervisor		
Job Title						Starting Salary		Final Salary
Responsibilities:						Hours per week		
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, why?	
3	Company					Phone Number	()	
Address						Supervisor		
Job Title						Starting Salary		Final Salary
Responsibilities:						Hours per week		
From		To		Reason for Leaving				
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, why?	

References: This application must include at least 2 letters of recommendation, from adults who are not related to you, and who are not listed in the previous section. Please write the names of the 2 people you have chosen to do this (may be teachers, coaches, family friends, etc):

- 1) _____
- 2) _____

ESSAYS & QUESTIONS: *Please answer the first section on a separate piece of paper*

A) Tell us about yourself. What activities, interests and hobbies are you interested/participate in?

B) Why do you think you are the best candidate for the aquarium?

Highlight any relevant accomplishments or personal experience, which doesn't need to be of a paid nature, and may include special interests.

C) If accepted, what do you hope to gain most from the opportunity?

Highlight your goals and skills you wish to acquire, as well as how you will benefit from this experience.

Junior Docents will undergo 4 hours of training and must commit to **at least 32 hours** of program time during our season (May-September). Are you able and willing to make this commitment? Choose *Special Circumstance* if this is not an option and explain why in the appropriate area.

☐ YES ☐ NO ☐ Special Circumstance

Explain: _____

I have read and understand the nature of the position I am applying for and the duties associated with it and if chosen, I attest that I can perform the required functions and duties of my job to the best of my abilities, with or without reasonable accommodation.

☐ YES ☐ NO

DISCLAIMER AND SIGNATURE

By signing this form, I understand that I am...

- Agreeing that all information on this application is true to the best of my knowledge and that if at any time a portion is found to be false I forfeit my application, and if already chosen, I understand it will be grounds for dismissal.
- Agreeing to be interviewed by an appropriate representative of the Aquarium, but that I have the right to decide to continue with the program or to drop out from the program prior to the start of my service
- Expected to complete all training. **Junior Docent Training takes place in late June and all accepted applicants MUST be in attendance.**
- Expected to volunteer to meet a minimum of 32 hours service time, unless special circumstances have been approved for me to commit to less
- Agreeing to follow all MSA guidelines and policies throughout my service time
- Aware that MSA has the right to release me from my service at any time, with or without cause, just as I have the right to withdraw from the program at any time. If I withdraw, I understand I will not receive a certificate of completion, or an evaluation for my time.
- Aware that if I am under the age of 14, and chosen for this program, I cannot enroll in the volunteer insurance program and must be covered by my own (or my family's) insurance and I will provide a copy of this before I can start my service.
- Aware that if I am under the age of 12, I must be specially approved to volunteer and may have to have a chaperone accompany me during my shifts

Signature

Date

Please have your parent or guardian sign the following section before submitting application

I have read over and understand the positions requirements that my child is applying for and I give my child permission to be a Junior Docent at the Maine State Aquarium. I accept full responsibility for my child's participation in this program. I will provide a copy of insurance coverage for my child to ensure their ability to be treated should an incident occur while on duty. I also give permission for the Aquarium to transport my child to any and all activities and consent to emergency medical attention in the event that I cannot be reached. If necessary, I also consent to allow the Maine State Aquarium to conduct a background screening, if needed, but I will be informed if this is to take place prior to it being conducted. I also agree that should my child be accepted into this program, I will be responsible for all transportation to and from the facility, and if needed, provide a chaperone/be a chaperone for him/her.

Printed Name of
Parent/Guardian

Signature of
Parent/Guardian

Insurance
Company

Primary Carrier

Date

Policy
Information

**Please attach a copy of insurance card to
this application.**

Please submit your completed application, with appropriate materials, to the following address:

Maine State Aquarium
ATTN: Aimee Hayden-Roderiques
RE: **Junior Docent Application**
PO BOX 8
West Boothbay Harbor, ME 04575

If you have any further questions, please contact us at (207) 633-9542.

Aimee Hayden-Roderiques
Natural Science Educator
Department of Marine Resources- *Education Division*
Aimee.Hayden-Roderiques@maine.gov
(207) 633-9542